

NOTIFICATION OF ADDRESS DISCLOSURE REQUEST - PART 2

Return this completed form and any court order or other documentation to the Community Services Office listed below.

CLIENT NAME	CASE NUMBER
CSO NAME	CSO ADDRESS
CSO PUBLIC DISCLOSURE COORDINATOR	TELEPHONE

CHECK ALL BOXES THAT APPLY TO YOU

1. ☐ Release the child's address. I do not have an existing court order that restricts release of the child's address to the requestor nor will I go to court to obtain one. I have not, nor will I contact Child Protective Services (CPS) to report allegations of child abuse or neglect by the parent requesting the child's address.
2. ☐ Do not release the child's address. Before the 30 days are up, I will provide:
 - ☐ A court order that restricts release of the child's address to the requestor; or
 - ☐ I will go to court to obtain one; or
 - ☐ I will be contacting CPS to report allegations of child abuse or neglect by the parent requesting the child's address.
3. ☐ Do not release the child's address. I have:
 - ☐ Filed a claim of good cause for not cooperating with the collection of child support; or
 - ☐ I will be filing a good cause claim within the 30 days.
4. ☐ Do not release the child's address. I am requesting a Fair Hearing to prevent DSHS from disclosing this information to the child's parent. I understand that the Fair Hearing cannot prevent DSHS from releasing the child's address unless the Administrative Law Judge determines that one or more of the conditions listed below exists:
 - * A court order exists that restricts or limits the address requesting parent's right to visit or contact the child(ren) or me by imposing conditions to protect me or the child(ren) from harm.
 - * There is a pending court case involving abuse or neglect of the child(ren) by the parent requesting the address.
 - * There is a current investigation by Child Protective Services (CPS) of allegations that the address requesting parent has abused or neglected any child(ren).

SIGNATURE	DATE
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FAIR HEARING INFORMATION

If you disagree with this decision, you may ask for a fair hearing. To ask for a hearing write to this office, or to the Office of Appeals, Department of Social and Health Services, P.O. Box 2465, Olympia, WA 98507-2465, within 90 days from the date you received this letter.

At the hearing, you have the right to represent yourself or to be represented by any person you choose. You may be able to get free legal advice by contacting an office of legal services.